

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030758

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 138 Primary Registration District No. 5526 Registrar's No. 61. PLACE OF DEATH  
a. COUNTY HICKORYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN STARKLength of stay in 1b  
HRS.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY Salinec. CITY OR TOWN Nelson Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)  
Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Robert Elmer Howard4. DATE OF DEATH  
Month Day Year  
Sept-1-19625. SEX  
Male6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
9. AGE (last birthday) 73  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
6 0  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Hickory Co Mo  
12. CITIZEN OF WHAT COUNTRY U.S

13a. FATHER'S NAME

Stephen Howard

13b. MOTHER'S MAIDEN NAME

Lucinda Long

14. NAME OF HUSBAND OR WIFE

Leona Howard15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No17. INFORMANT  
Address  
Lee Howard Preston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. Enter as many as needed for PART II.)

IMMEDIATE CAUSE (a)

Asphyxiation  
SupertensionINTERVAL BETWEEN ONSET AND DEATH  
2 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 1-62 to Sept 1-62 and last saw her/him alive on Sept 1-62  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. D. Bailey Jr.

22b. ADDRESS

Urbania Mo

22c. DATE SIGNED

9/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

Sept 3-1962

23c. NAME OF CEMETERY OR CREMATORY

Little Nongua Cem.

23d. LOCATION (City, town, or county)

Hickory Co, Mo

24. FUNERAL DIRECTOR

ADDRESS

Allen W. Vaughan, Urbania, Mo.

25. DATE RECD. BY LOCAL REG.

Sept 7-1962

26. REGISTRAR'S SIGNATURE

May Johnson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/591043020970

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7 08 29334X

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11

1290-2131-0

SEP 12 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.